

REEXAMINATION – PATENT OWNER POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Control Number(s)</td> <td>90/009,444</td> </tr> <tr> <td>Filing Date(s)</td> <td>April 1, 2009</td> </tr> <tr> <td>First Named Inventor</td> <td>Wayne Lin</td> </tr> <tr> <td>Title</td> <td>SYSTEMS AND METHODS FOR TRANSACTIONING BUSINESS OVER A</td> </tr> <tr> <td>Patent Number</td> <td>6,978,253</td> </tr> <tr> <td>Examiner Name</td> <td>S. G. Rimell</td> </tr> <tr> <td>Attorney Docket No(s)</td> <td>101443RX</td> </tr> </table>	Control Number(s)	90/009,444	Filing Date(s)	April 1, 2009	First Named Inventor	Wayne Lin	Title	SYSTEMS AND METHODS FOR TRANSACTIONING BUSINESS OVER A	Patent Number	6,978,253	Examiner Name	S. G. Rimell	Attorney Docket No(s)	101443RX
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I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s).															
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the proceedings identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">38834</div> </div>															
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 25%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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Please recognize or change the correspondence address for the above-identified reexamination proceeding control number(s) (more than one may be changed only if they are merged proceedings) to be:															
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:															
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>															
OR															
<input checked="" type="checkbox"/> Firm or Individual Name Westernman Hattori Daniels & Adrian LLP															
Address 1250 Connecticut Avenue, NW – Suite 700															
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<input checked="" type="checkbox"/> Inventor, having ownership of the patent being reexamined. OR <input type="checkbox"/> Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____															
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Title and Company	Inventor														
NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.															
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.															